

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/581203

FILING DATE

APPLICANT(S)

6/11/06

CLAIMS

	CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1	1			51	
2	1		1	1			52	
3	1		1	1			53	
4	1		1	1			54	
5	1		1	1			55	
6	1		1	1			56	
7	1		1	1			57	
8	1		1	1			58	
9	1		1	1			59	
10	1		1	1			60	
11	1		1	1			61	
12	1		1	1			62	
13							63	
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46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1	↓		↓		↓		
TOTAL DEP.	11	←	11	←	11	←		
TOTAL CLAIMS	12	██████████	12	██████████	12	██████████		